

## **State of Maine**

## **Bureau of Alcoholic Beverages and Lottery Operations**

**Division of Liquor Licensing and Enforcement** 

## **Application for Sales Representative License**

Pleas	e complete this application	in its entir	ety.					
1.	Type of Application:		New		Renewal			
	If this is a new ap represented listed in I in Maine.	-	-		-		•	
2.	Name and Contact Inform	nation:						
Name	<b>:</b> :							
Addr	ess:							
						_		
Dayti	me Telephone:							
Emai	address:							
Date	of Birth:							
Туре	of liquor that you sell (chec	ck all that	apply): $\square$	Malt		Wine		Spirits
3.	Name and address of per	son, firm o	or entity repr	esented:				
	(Attach more pages as necessar	ary)						
Signa	ture					Date		_
Printe	ed Name							

Application Fee: \$50.00. Please make check payable to the Treasurer of State.

Submit Completed Forms To:

Bureau of Alcoholic Beverages and Lottery Operations
Division of Liquor Licensing and Enforcement
8 State House Station
Augusta, Me 04333-0008
Telephone Inquiries: (207) 624-7220

Email Inquiries: MaineLiquor@Maine.gov

For Office Use Only:						
Date Filed:						
☐ Approved ☐ Not Approved						
License #:						
Date Issued:						
Issued By:						